

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Emergency Shelter/Emergency Respite	CHAPTER 98
Address: 94-483 Apowale Street, Waipahu, Hawaii 96797	Inspection Date: October 15, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-06 <u>Disaster preparedness.</u> (a) The facility shall have a written plan for staff and residents to follow in case of fire, explosion, or other emergency. The plan shall be posted in conspicuous places throughout the facility. This plan shall include, but not be limited to:</p> <p><u>FINDINGS</u> Designated area for emergency evacuation on evacuation maps posted throughout the facility does not match designated area on facility's emergency evacuation policy.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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<input checked="" type="checkbox"/>	<p>§11-98-06 <u>Disaster preparedness.</u> (a) The facility shall have a written plan for staff and residents to follow in case of fire, explosion, or other emergency. The plan shall be posted in conspicuous places throughout the facility. This plan shall include, but not be limited to:</p> <p><u>FINDINGS</u> Designated area for emergency evacuation on evacuation maps posted throughout the facility does not match designated area on facility's emergency evacuation policy.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (1) Individual records shall be kept on each resident which contain the following:</p> <p>Within twenty-one days of admission, a report of a resident's medical examination or written evidence of a physical examination within the prior twelve months shall be on file;</p> <p><u>FINDINGS</u> Resident #1 – No current documented evidence of an annual physical examination clearance by a physician.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (5) Individual records shall be kept on each resident which contain the following:</p> <p>Documentation that a physician was consulted within five days of admission as well as for all significant illnesses and injuries;</p> <p><u>FINDINGS</u> Resident #2 – Admission date was 7/10/2019. Physician notified on 7/23/2019. Physician not consulted within five (5) days of admission.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (14) Individual records shall be kept on each resident which contain the following:</p> <p>A complete record of each medication utilized by the resident;</p> <p><u>FINDINGS</u> Resident #1 – Physician ordered, “Levora 1 tab by mouth qAM.” Medication label missing from medication packet.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____